



LEGACY SOCIETY APPLICATION

The following information will be kept confidential. MAIL DIRECTLY TO:
 Betty Waznis, Library Director
 Chula Vista Public Library / Legacy Society • 365 F Street, Chula Vista, CA 91910

CONFIDENTIAL

(Please print all information.)

Full name, including middle:

Mr./Mrs./Ms. _____

Full name of spouse or registered domestic partner, including middle:

Mr./Mrs./Ms. _____

Address _____

City _____ State _____ Zip _____ E-Mail _____

Day phone (____) _____ Evening phone (____) _____ Fax: (____) _____

- ☐ I (we) accept your offer to become a member of the Chula Vista Public Library's Legacy Society.
- ☐ I understand that only Betty Waznis will be compiling my (our) information for recording purposes and that my (our) privacy will be maintained as indicated below.
- ☐ You may use my (our) name(s) in publications and lists that recognize Legacy Society members.
 NAME(S) TO APPEAR EXACTLY AS FOLLOWS (please print):

☐ You may NOT use my (our) name(s) in publications & lists that recognize Legacy Society members.

☐ Special instructions & restrictions:

I (We) have made provision for the Chula Vista Public Library in my (our) estate plans as follows:

<u>GIFT VEHICLE</u>	<u>ESTIMATED \$</u>	<u>REVOCABLE</u>	<u>IRREVOCABLE</u>
Gift by Bequest			
•General Bequest			
•Specific Asset Bequest			
•Residuary Bequest			
•Percentage Bequest			
•Contingent Bequest			
•Restricted Bequest			
•Codicil			
•Charitable Trust By Will			
Life Insurance Beneficiary			
Retirement Plan Beneficiary			
Mutual Fund Beneficiary			

Signature: _____ Date _____

Signature: _____ Date _____